In Pakistan, where I grew up, caring for aging parents or grandparents was seldom an issue. Family members either lived close by or had a big family house that accommodated at least two or three generations while allowing privacy. Interdependency and codependency were one of the norms for many families. Nowadays, this concept is fading away in Pakistan and other eastern societies, particularly as the nuclear family system becomes more common than a joint family system. This trend is being seen all over the world, diminishing on many levels the value of the interdependent extended family. How does this affect older adults who once maintained their independence and now require assistance and support inside and outside their homes? These shifts in family dynamics as well as changes in health status among older adults are often the driving reason behind the search for an appropriate assisted living community. I now work in Maryland in the United States, where older adults or their children often feel compelled to look for alternative living solutions as the risk of living independently outweighs the benefits. The daughter of one of my patients shared her concern: “I don’t want my mom to leave her house and lose her independence. But now she is forgetting to turn off the stove, she cannot drive due to the high monthly cost of living. Only those families who can afford the cost of an ALF may choose it. The unavailability of routine medical care is another issue. Unlike nursing homes, ALFs rarely require an in-house medical director. Instead, they require that the residents have a designated primary care physician, and many facilities allow providers to come into their buildings for medical and psychiatric evaluations and treatments.

Oftentimes larger ALFs hire or contract an advanced practitioner to treat their residents’ acute and chronic health conditions, particularly as there is a wide range of variability in the medical status of the residents. However, issues like medication management for older adults with complex comorbidities in such a fractured setting can be an issue. To ensure that the needs of older adults are met appropriately, person-centered medical and psychosocial care are required, particularly to locate gaps in routine medical care and attend to family needs.

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Returning to where I started, it is also crucial to be mindful of cultural differences, particularly for communities where intergenerational family care is still common. Residents and their families who are, for example, Korean, Indian, Muslim, Chinese, African, and Black Americans may want to carry their own traditional values and belief systems into the facility. Maryland has a few ALFs that focus on providing care to a particular religious or ethnic group, such as Korean, Jewish, and Catholic communities. Such facilities allow the aging population to practice their culture and faith openly and without restrictions. However, it’s important that staff in all ALFs are trained in cultural competencies, especially because the staff themselves likely come from diverse backgrounds.

Overall, the key to a successful care delivery model is establishing an effective nonverbal and verbal communication process while maintaining empathy and humility. After all, every patient has a life story, and each story is unique. Individuals go through multiple trials and triumphs in life until they reach a point of needing greater support and assistance. ALFs support them while they are going through this physical and/or mental transition from an independent state to requiring assistance and support.

Dr. Naqvi is a Hospice Medical Director and MOLST Master Trainer at Holy Cross Home Care and Hospice.